



Communicable Disease and Epidemiology News

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Avian Influenza A (H5N1): Recommendations for Screening & Initial Management of Suspect Human Cases

The newly released HHS Pandemic Influenza Plan is now available at: www.hhs.gov/pandemicflu/plan. The Plan has useful planning advice for clinicians in health care facilities and out-patient care settings, with supplements on clinical management, infection control, and lab testing. We are currently in a “**Pandemic Alert Period**” for the avian influenza A (H5N1) virus. A summary of surveillance, testing, and initial management recommendations for human cases of avian influenza A at this time (H5N1) follows. Information will be updated as necessary.

Testing for avian influenza A (H5N1) is indicated for hospitalized patients with:

- Radiographically confirmed pneumonia, acute respiratory distress syndrome or other severe respiratory illness for which an alternative diagnosis has not been established, **AND**
- History of travel within 10 days of symptom onset to a country with documented avian influenza A (H5N1) infections in poultry and/or humans.

Testing for avian influenza A (H5N1) should be considered on a case-by-case basis (consult with Public Health) for hospitalized or ambulatory patients with:

- Influenza-like illness (ILI): Temperature $>100.4^{\circ}\text{F}$ ($>38^{\circ}\text{C}$) PLUS one or more of the following: cough, sore throat, or shortness of breath; **AND**
- History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days prior to onset of symptoms.

For a regularly updated listing of H5N1-affected countries, see the World Organization for Animal Health [OIE] website at http://www.oie.int/eng/en_index.htm and the WHO website at <http://www.who.int/en/>.

When a patient meets both clinical and epidemiologic criteria for a suspected case of novel influenza:

- **Implement infection control precautions:** Patients should be placed on Droplet Precautions for a minimum of 14 days, unless there is full resolution of illness or another etiology has been identified before that period has elapsed. Healthcare personnel should wear surgical or procedure masks on entering a patient’s room, as per Droplet Precautions, as well as gloves and gowns, when indicated

for Standard Precautions. Patients should be admitted to a single-patient room, and patient movement and transport within the hospital should be limited.

- **Notify Public Health:** Report each patient who meets the clinical and epidemiologic criteria for a suspected case of novel influenza as quickly as possible to facilitate initiation of public health measures.

- **Obtain clinical specimens for testing by the Washington State Public Health Laboratory (WA PHL):** If feasible, all of the following specimens should be collected for novel influenza A virus testing: throat swab, nasopharyngeal swab; nasal swab, wash, or aspirate; and tracheal aspirate (for intubated patients). Store specimens at 4°C in viral transport media. Acute (within 7 days of onset) & convalescent serum specimens (2–3 weeks after the acute specimen and ≥ 3 weeks after onset) should be obtained & refrigerated at 4°C or frozen at minus $20\text{--}80^{\circ}\text{C}$.

NOTE: Avian influenza can be identified by RT-PCR at the WA PHL ONLY after reporting the case to Public Health at 206-296-4774. WA PHL will not accept specimens for testing without prior approval from Public Health – Seattle & King County.

Although some commercial laboratories may offer testing for novel influenza viruses, at this time results from these laboratories will not be interpretable without confirmatory testing at the WA PHL. For this reason, Public Health does not recommend specimens be submitted to commercial laboratories for novel influenza virus testing.

Viral culture of specimens from suspected novel influenza cases can be attempted only in laboratories that meet the biocontainment conditions for BSL-3 with enhancements or higher (CDC) and should not be attempted in clinical laboratories.

Rapid influenza diagnostic tests and immunofluorescence (IF) tests may be used to detect seasonal influenza, but **should not be used to confirm or exclude novel influenza during the Pandemic Alert Period**. Rapid influenza tests have relatively low sensitivity for detecting seasonal influenza, and their ability to detect novel influenza subtypes is unknown. Such tests cannot distinguish between infection with seasonal and novel influenza A viruses. A negative rapid influenza test result does not necessarily exclude infection with either seasonal or novel influenza A viruses, and a positive rapid influenza test result could be a false positive or represent infection with either seasonal or novel

influenza A viruses. Therefore, both negative and positive rapid influenza test and IF results should be interpreted with caution. Acute and convalescent serum samples and other available clinical specimens (respiratory, blood, and stool) should be saved and refrigerated or frozen for additional testing until a specific diagnosis is made.

• **Evaluate alternative diagnoses.** If an alternate etiology is identified, the possibility of co-infection with a novel influenza virus may still be considered if there is a strong epidemiologic link to exposure to novel influenza.

• **Decide on inpatient or outpatient management.** The decision to hospitalize a suspected novel influenza case will be based on the clinical assessment, assessment of risk, and whether adequate precautions can be taken at home to prevent the potential spread of infection. Patients cared for at home should be separated from other household members as much as possible. All household members should carefully follow recommendations for hand hygiene, and tissues used by the ill patient should be placed in a bag and disposed with other household waste.

Consult with Public Health before discharging any patient with suspected avian influenza A (H5N1).

• **Initiate antiviral treatment** as soon as possible, even if laboratory results are not yet available. Clinical trials have shown that these drugs can decrease the illness due to seasonal influenza duration by several days when they are initiated within 48 hours of illness onset. The clinical effectiveness of antiviral drugs for treatment of novel influenza is unknown, but it is likely that the earlier treatment is initiated, the greater the likelihood of benefit.

For additional information, including a CLINICAL FLOW CHART and links to the HHS Pandemic Plan, see Public Health’s Pandemic Flu Web Page: at www.metrokc.gov/health/pandemicflu/index.htm

Seasonal Influenza Vaccine Update

Public Health is facilitating the redistribution of available vaccine from those who are willing to sell vaccine at cost to others who are in need. To report vaccine to sell or needed, contact Public Health at: vaccineinfo@metrokc.gov or (206) 296-4775. Please note that there currently is adequate supply of flu vaccine for high risk children through the Vaccines for Children (VFC) program; VFC providers who do not have enough pediatric flu vaccine should contact Public Health.

Frequently Asked Questions about Live Attenuated Influenza Vaccine (FluMist)

Can Health Care Workers receive FluMist? Yes! Healthy, non-pregnant, health care workers (HCWs) are excellent candidates for LAIV. HCWs who receive LAIV are unlikely to pose a risk to the majority of patients through shedding of the vaccine virus. Only HCWs who work with severely immune compromised patients in a protective environment (e.g., hematopoietic stem cell transplant recipients) should refrain from care of these patients for 7 days after receipt of LAIV.

Some of my patients are immunocompromised. Can I give FluMist in my office? Yes! The only exception would be if you were caring for severely immune compromised patients in a protective environment (e.g., hematopoietic stem cell transplant recipients).

In my office there are HCPs who are pregnant, HCPs who are over 50, and HCPs with asthma. Can any of them administer FluMist? Yes! HCWs who are at risk for severe complications from influenza infection, with the exception of severely immune compromised patients in a protective environment (e.g., hematopoietic stem cell transplant recipients), may administer LAIV.

Are there any advantages to using FluMist? LAIV may promote a stronger immune response because it induces both serum antibody and local secretory antibody.

Disease Reporting

AIDS/HIV (206) 296-4645
STDs..... (206) 731-3954
TB (206) 731-4579
All Other Notifiable Communicable Diseases (24 hours a day) (206) 296-4774
Automated reporting line for conditions not immediately notifiable (206) 296-4782

Information Hotlines

Communicable Disease (206) 296-4949
HIV/STD (206) 205-STDS

Public Health Online Resources

Home Page: www.metrokc.gov/health/
The *EPI-LOG*: www.metrokc.gov/health/providers
Subscribe to Public Health’s communicable disease listserv (PHSKC INFO-X) at:
mailman.u.washington.edu/mailman/listinfo/phskc-info-x

Reported Cases of Selected Diseases, Seattle & King County 2005				
	Cases Reported in October		Cases Reported Through October	
	2005	2004	2005	2004
Campylobacteriosis	27	26	286	226
Cryptosporidiosis	2	2	61	28
Chlamydial infections	378	388	4,562	4,426
Enterohemorrhagic E. coli (non-O157)	0	0	5	0
E. coli O157: H7	7	6	34	39
Giardiasis	21	13	129	104
Gonorrhea	136	86	1,447	981
Haemophilus influenzae (cases <6 years of age)	0	0	2	2
Hepatitis A	1	2	16	11
Hepatitis B (acute)	1	0	17	16
Hepatitis B (chronic)	56	53	570	517
Hepatitis C (acute)	1	1	7	8
Hepatitis C (chronic, confirmed/probable)	142	134	1,113	1,048
Hepatitis C (chronic, possible)	37	38	354	288
Herpes, genital (primary)	66	49	645	603
HIV and AIDS (new diagnoses only)	31	22	380	334
Measles	0	0	1	6
Meningococcal Disease	0	0	13	14
Mumps	0	0	1	1
Pertussis	16	15	246	189
Rubella	0	0	1	0
Rubella, congenital	0	0	0	0
Salmonellosis	19	18	192	204
Shigellosis	11	4	65	54
Syphilis	10	7	131	123
Syphilis, congenital	0	0	0	0
Syphilis, late	2	11	59	59
Tuberculosis	5	9	93	108

The *Epi-Log* is available in alternate formats upon request.